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| 60474 7590 11/06/2009  |   |  |  |   |                         |   |                                   |   |   |  |
| GRAY ROBINSON, P.A.<br>P.O. Box 2328<br>FT. LAUDERDALE, FL 33303-9998  |   |  |  |   |                         | Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                   |   |   |  |
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|  |   | Lilleri                                    |  | Pel   | letten.                 | (Signature)   |                                   |   |   |  |
|  |   |  |  |   |                         | Februe  | ary                               | 8 2010  | (Date)  |  |
| APPLICATION NO.  | APPLICATION NO. FILING DATE   |  | FIRST NAMED INV                            |   | TOR                     |   | ATTOI                             | NEY DOCKET NO.  | CONFIRMATION NO.  |  |
| 10/595,583   | 10/595,583 04/28/2006   |  |  | Hermann Bieg  |                         |   | L                                 | 72261.45  | 3058  |  |
| TITLE OF INVENTION: DIAPHRAGM CHANGING DEVICE  |   |  |  |   |                         |   |                                   |   |   |  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE DUE                              |  | PUBLICATION FEE DUE   |                         | PREV. PAID ISSUE FEE  |                                   | TOTAL FEE(S) DUE  | DATE DUE  |  |
| nonprovisional   | NO  | NO \$1510                                  |  | \$300   |                         | \$0   |                                   | \$1810  | 02/08/2010  |  |
| EXAMINER ART UNIT  |   |  | JNIT                                       | CLASS-SUBCLASS  | Š                       |   |                                   |   |   |  |
| GREECE, JAMES R 2873   |   |  |  | 359-739000  | 359-739000              |   |                                   |   |   |  |
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| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |   |  |  |   |                         |   |                                   |   |   |  |
|  |   | ified below, a<br>aletion of this          | no assignce<br>form is NC                  |   |                         |   |                                   |   | ocument has been filed for  |  |
| (A) NAME OF ASSI   |   |  | (B) RESIDENCE: (CITY and STATE OR COUNTRY) |   |                         |   |                                   |   |   |  |
| Carl Zeiss SMT AG GERMANY  |   |  |  |   |                         |   |                                   |   |   |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government  |   |  |  |   |                         |   |                                   |   |   |  |
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| a. Applicant clain   | ntus (from status indicate<br>ns SMALL ENTITY stat  | ıs. See 37 CF                              |  | • •   |                         |   |                                   | ITY status, See 37 CF   |   |  |
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| Authorized Signature   | $\sim$ M  | )<br><u>-</u> ≅∪                           |  | Date 7  | ساله                    | wary 8,   | 2010                              |   |   |  |
| Typed or printed nan   | ······································  |  | Registration 1                             | No  | 33,039                  |   |                                   |   |   |  |
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